



MITRAL.1CPT10

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Jonathan J. Langberg et al.
Appl. No. : 09/909,101
Filed : July 19, 2001
For : TRANSLUMINAL MITRAL
ANNULOPLASTY
Examiner : Urmi Chattopadhyay

Group Art Unit: 3738

PATENT

#10/A
CWA 7/5/03

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JUN 02 2003
TECHNOLOGY CENTER R3700

AMENDMENT

United States Patent and Trademark Office
P.O. Box 2327
Arlington, VA 22202

Dear Sir:

In response to the Office Action mailed January 2, 2003, please amend the application as follows.

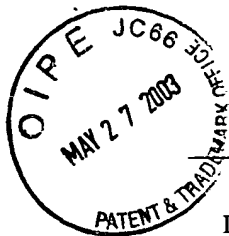
05/26/2003 WABDELRI 00000097 09909101
01 FC:1202 774.00 OP
05/26/2003 WABDELRI 00000097 09909101
02 FC:1252 410.00 OP

PATENT

Case Docket No. MITRAL.1CP1D1

Date: May 23, 2003

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In re application of : Jonathan J. Langberg, et al.
 App. No. : 09/909,101
 Filed : July 19, 2001
 For : TRANSLUMINAL MITRAL ANNULOPLASTY
 Examiner : Urmi Chattopadhyay
 Art Unit : 3738

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

May 23, 2003

(Date)

Jeremy P. Sanders
 Jeremy P. Sanders, Reg. No. 47,916

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

(X) An extension of time to respond for 2 months is hereby requested.

Time Extension Fee:

() one month (\$110 large entity)
 (X) two months (\$410 large entity)
 () three months (\$930 large entity)

The fee has been calculated as shown below:

CLAIMS AS FILED

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	65	—	22	= 43 ×	\$18	= \$774
Independent Claims	2	—	3	= 0 ×	\$84	= \$0
If application has been amended to contain multiple dependent claim(s), then add					\$280	= \$0
Time Extension Fee						\$410
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 1184

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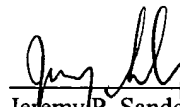
PATENT

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- (X) Return prepaid postcard.
- (X) A check in the amount of \$1184 is enclosed.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.
- (X) Please use Customer No. 20,995 for the correspondence address.



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